

**REVOCATION OF POWER OF ATTORNEY
WITH NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	10/750,345
Filing Date	December 31, 2003
First Named Inventor	VANDERVEEN, TIMOTHY W., et al.
Title	MEDICATION SAFETY ENHANCEMENT FOR SECONDARY INFUSION
Art Unit	3767
Examiner Name	Deanna K. Hall
Attorney Docket Number	080623-0349

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

41552

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

41552

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

12/5/2008

Name

Joan B. Stafsjen

Telephone

858-643-1400

Title and Company

Senior Vice President and General Counsel, Cardinal Health 303, Inc

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.